# PRV - Outreach Requests for MediPASS Agreements

# **Purpose:**

The purpose of this procedure is to provide MediPASS agreement forms as potential MediPASS providers request them.

## **Identification of Roles:**

Primary Role - Provider Services and the mailroom will perform this procedure. Outreach and Education staff will do follow up.

## **Performance Standards:**

N/A

#### Path of Business Procedure:

Step 1: Receive request for MediPASS agreement.

# Step 2: Outreach staff reviews the request against the following criterions

- a. Does the provider have an active Medicaid number for the practice location?
- b. Has the provider applied for a number?
- c. Is the provider regularly scheduled a minimum 20 hours per week at the site?
- d. Does the provider perform primary care services?
- e. Is the provider one of the following eligible provider types?
  - 1. Doctor of Medicine (MD)
  - 2. Doctor of Osteopathic Medicine (DO)
  - 3. Advanced Registered Nurse Practitioner(ARNP)
  - 4. Nurse Midwife
  - 5. Rural Health Clinic (RHC)
  - 6. Federally Qualified Health Center (FQHC)
- f. Does the provider perform one of the following eligible provider specialties?
  - 1. General Practitioner
  - 2. Family Practice
  - 3. Pediatrics
  - 4. Internal Medicine
  - 5. Obstetrics and Gynecology (OB/GYN)
- g. If not eligible, proceed to Step 6

#### Step 3: Forward MediPASS agreement to provider.

- a. Agreement can be mailed, faxed or emailed.
- b. The provider can also download a copy from the Web site at <a href="http://www.ime.state.ia.us/Providers/Forms.html">http://www.ime.state.ia.us/Providers/Forms.html</a>.

# Step 4: Sent agreements are to be logged into spreadsheet

a. Log for later follow-up by the Outreach team. The spreadsheet is located in the file MHC/recruitmentactivityrepts/mailedagreements.

## Step 5: Contact the provider.

a. Two weeks after the agreement was requested, Outreach staff will contact the provider if the completed agreement has not yet been returned.

### Step 6: Not able to enter into agreement with provider.

a. Notify Provider as to why they do not qualify.

# Forms/Reports:

Spreadsheet

## **RFP References:**

N/A

# Interfaces:

N/A

#### **Attachments:**

Process Map

